

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/772,857
Filing Date	February 4, 2004
First Named Inventor	Michael Zimmermann
Art Unit	1755
Examiner Name	WOOD, ELIZABETH D
Attorney Docket Number	019433-000620US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At client's request.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John R. Owen Coats & Bennett, P.L.L.C.		
Address	1400 Crescent Green Suite 300		
City	Cary	State	North Carolina
		Zip	27511
Country	USA		
Telephone	919-854-1844	Email	jowen@coatsandbennett.com
Signature	/Mark D. Barrish/		
Name	Mark D. Barrish	Registration No.	36,443
Date	November 16, 2007	Telephone No.	(650) 326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.